

2006 COED SOFTBALL TEAM PLACEMENT FORM

THIS FORM MUST BE SUBMITTED WITH YOUR TEAM ROSTER AT REGISTRATION

Team Name: _____

Manager's Name: _____

Address: _____
City State Zip

Home Phone: () _____ Work Phone: () _____

E-Mail _____

Other Team Contact: _____

Home Phone: () _____ Work Phone: () _____

E-Mail: _____

League preference:

"A" "B"

Last year's information:

Team Name (if different): _____ League/Division: _____

Number of returning players: _____

2006 Requests/Preferences:

Would you prefer more: 4:00pm games 7:45pm games

Dates/Times you prefer not to play (no guarantees):

Additional comments/requests:

Your response to the above questions will help determine team placement and league schedules. Pullman Parks & Recreation will make all final decisions.